



298500.01098

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: P. Kumar
Donna Joy GUINN)	
	:	Group Art Unit: 1751
Application No.: 10/045,753)	
	:	Confirmation No.: 9674
Filed: January 11, 2002)	
	:	
For: LEATHER AND TEXTILE)	July 16, 2004
TREATMENT METHOD	:	
)	

Mail Stop Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

RESPONSE AND
PETITION FOR EXTENSION OF TIME

Sir:

Please extend the time for responding to the Office Action dated March 16, 2004 by one month, from June 16, 2004, to July 16, 2004. The Commissioner is hereby authorized to charge the \$55.00 extension fee to Deposit Account No. 50-1710.

In response to the Office Action mailed on March 16, 2004, Applicant submits the following remarks:

07/19/2004 EABUBAK1 00000032 501710 10045753
01 FC:2251 55.00 DA



1751
JW

In re Application of:

Docket No. 298500.01098

Donna Joy GUINN

Application No.: 10/045,753

Examiner: P. Kumar

Filed: January 11, 2002

Group Art Unit: 1751

For: LEATHER AND TEXTILE
TREATMENT METHOD

Date: July 16, 2004

Mail Stop Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional claims fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$135□/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ Charge the \$_____ additional claims fee to Deposit Account No. 50-1710. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.

☒ Charge the \$ 55.00 extension fee for a one (1) month extension of time to Deposit Account No. 50-1710. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3500. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
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